



THE COMMONWEALTH OF MASSACHUSETTS
Department of Labor & Workforce Development
Division of Occupational Safety
399 Washington Street, 5th Floor
Boston, MA 02108
(617)727-7047 (800) 425-0004 (MA Only)
Fax (617)727-7568
Homepage: www.state.ma.us/dos

APPLICATION FOR LICENSE AS A
**LEAD-SAFE RENOVATOR
CONTRACTOR**
(In accordance with the provisions of
M.G.L. c. 111, §. 189A-199B and 454 CMR 22.00)

FOR DOS USE ONLY

☐ Initial Application

License # _____

☐ Renewal Application

Issue Date _____

☐ Duplicate Application

Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

1. APPLICANT INFORMATION

Name _____ Soc. Security # _____ Date of Birth _____

Business Name _____ Telephone # _____

Fax # _____

Business Location(Street) _____

City/Town _____ State _____ Zip _____

Mailing Address(if different from above) _____

City/Town _____ State _____ Zip _____

FEDERAL IDENTIFICATION NUMBER _____

Number of current employees _____ Number of employees in the past twelve months _____

2. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

a. Original Lead-Safe training certificates, or legible copies thereof, indicating successful completion of the applicable initial and refresher training requirements specified by 454 CMR 22.08(2), 22.08(4)(c), and/or 454 CMR 22.08(4)(f).

Original training certificates will be returned after review of the application.

b. Proof that the applicant is 18 years of age or older.

c. Proof that the applicant has successfully passed any medical examination required pursuant to 454 CMR 22.09 or 29 CFR Part 1926.62.

d. The results of all blood lead and Zpp monitoring conducted on the applicant in the three-month period prior to application.

e. A list of employees in his or her present work force and those employees who have worked for him or her for any period of time during the preceding 12 months, or, if the applicant has no employees, a notarized statement to that effect.

f. The results of all medical examinations and blood lead tests conducted pursuant to 454 CMR 22.09 or 29 CFR Part 1926.62, or any other medical information in the possession, custody or control of the applicant pertaining to lead exposure for all persons in the applicant's work force who have been engaged in deleading work at any time during the preceding 12 months or will be engaged in Deleading Work at anytime during the next 12 months. For license renewal, please submit the results of an annual medical examination and the results of blood lead monitoring performed in accordance with 454 CMR 22.09(6) or 29 CFR Part 1926.62, for all persons in the applicant's work force who have during the preceding 12 months or will be during the next 12 months be engaged in Deleading Work.

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- g. A written description of a medical monitoring program conforming to the requirements of 29 CFR Part 1926.62.
- h. A list of all occupational safety, health-related and environmental protection-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received in the two years prior to the date of application, the issuing agency or department and the final disposition of such citation or notice.
- i. With respect to the business named in paragraph 1 of this application:
Corporations - A copy of the Corporate Articles of Organization/Foreign Corporation Certificate (Annual Report if renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of State.
LLC's - A Certificate of Organization (Annual report for renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of State
Sole Proprietorships - A Business Certificate issued by the town the company is located in.
- j. If applicants have employees they must provide evidence that Deleading Work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program. The Certificate of Insurance must include the assigned policy number, the WC code 5474 or other indication that deleading operations are covered under the policy, and list the Division of Occupational Safety as the certificate holder.
- k. A money order or certified bank check, payable to the Commonwealth of Massachusetts, Division of Occupational Safety, in the amount of the entire annual fee of \$575.00 for initial or renewal license, or \$45.00 for a duplicate license. If the Director denies, revokes, suspends or refuses to renew a license for reasons specified in 454 CMR 22.04(2), the payment is not refundable.

3. PAYMENT OF TAX OBLIGATIONS

I, _____, do hereby state, under the pains and penalties of perjury, that I have paid all tax
(PRINT NAME)
obligations current and due to the Commonwealth as of the date of application.

SIGNATURE _____

DATE _____

4. STATEMENT OF COMPLIANCE

I, _____, _____, do hereby state,
(Print Name) (Title)
under the pains and penalties of perjury, that I have read and understand the Commonwealth of Massachusetts Deleading Regulations, as most recently amended, 454 CMR 22.00, that I will provide, and ensure the use of personal protective equipment, personal protective clothes and industrial vacuum cleaners equipped with high efficiency (HEPA) filters in accordance with Section 22.12. I further state that all employees employed by me or the business named in paragraph 1 hereto as of the date of this application will be licensed or certified pursuant to the requirements of Section 22.03; and that all supervisors and deleaders have received or will receive training on or before beginning deleading; and that all supervisors and deleaders will meet all medical requirements, including those pertaining to blood lead monitoring, of 454 CMR 22.00.

I further state, under the pains and penalties of perjury, that this application is prepared in conformity with 454 CMR 22.00 and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE _____

DATE _____

ALL NEW APPLICANTS NEED TO HAVE THEIR PICTURE TAKEN FOR A PHOTO ID TO BE ISSUED. PLEASE CALL AHEAD TO MAKE AN APPOINTMENT:

BOSTON OFFICE - 399 Washington Street, 5th Floor, Boston, MA 02108 (617)727-7047/1933 *Tuesday & Thursday*

(FOR OFFICIAL USE ONLY)

	ITEMS APPROVED BY:	DATE:
FEE RECEIVED		
TRAINING CERTIFICATES		
WORKERS COMPENSATION		
LIST OF EMPLOYEES/ NOTARIZED STATEMENT		
MEDICAL LETTER/LEAD LEVELS		
ART OF ORG/ANNUAL REPORT/DBA		
COPIES OF ALL VIOLATIONS		
MEDICAL MONITORING APPROVAL (Stamp)		
APPL. COMPLETE - OK TO ISSUE		

07/2003